

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist	JIM BOCK								
Street Address	1000 MARIANNA AVE								
City	ERIE	State	PA	Zip Code	16509				
Type of Report (Place x under report type)									
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/07/2017		Year	2017		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only						
	06/06/2017	10/23/17							
A. Amount Brought Forward From Last Report	\$	1,835.65	2017 OCT 27 PM 12:37 ERIE COUNTY VOTER REGISTRATION KA						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	10,150.41							
C. Total Funds Available (Sum of Lines A and B)	\$	11,986.06							
D. Total Expenditures (From Schedule III)	\$	9,161.74							
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,824.32							
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,000.00							
G. Unpaid Debts and Obligations (From Schedule IV)	\$	Ø							
Affidavit Section									
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.									
I swear (or affirm) that this report, including the attached schedule on paper, to the best of my knowledge and belief true, correct and complete.									
Sworn to and subscribed before me this									
27 th day of October 2017									
Signature			Signature of Person Submitting report						
My Commission expires			Printed Name						
10 31 2019			JAMES S. BOCK						
MO. DAY YR.			Area Code						
			Daytime Telephone Number						
			572-4209						
Part II- If this is a report of a Candidate's Authorized Committee , candidate sign here.									
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.									
Sworn to and subscribed before me this									
_____ day of _____ 20____									
Signature									
Signature of Candidate									
Printed Name									
My Commission expires									
MO. DAY YR.									
Area Code									
Daytime Telephone Number									

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	4,024.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1,486.41
Total for the reporting period	(2)	\$	1,486.41
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	4,550.00
Total for the reporting period	(3)	\$	4,550.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	90.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	10,150.41

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number													
										Amount			
Full Name of Contributing Committee					N/A					Date [MM/DD/YYYY]	\$	Ø	
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$		
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$		
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$		
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$		
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$		
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$		
House #					Street Address					Date [MM/DD/YYYY]	\$		
City					State				Zip Code			Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Payer Identification Number: 									
Full Name of Contributor					Date (MM/DD/YYYY)				
BUFFALO WILD WINGS					07/03/2017		111.41		
House #	Street Address		City	State	Zip Code	Date (MM/DD/YYYY)			
2099	INTERCHANGE RD		ERIE	PA	16509				
Full Name of Contributor					Date (MM/DD/YYYY)				
CINDY CHAPMAN					08/01/2017		60.00		
House #	Street Address		City	State	Zip Code	Date (MM/DD/YYYY)			
5088	RIDGE DALE DR		ERIE	PA	16506				
Full Name of Contributor					Date (MM/DD/YYYY)				
ROGER TAFT					08/06/2017		100.00		
House #	Street Address		City	State	Zip Code	Date (MM/DD/YYYY)			
4724	WOLF RD		ERIE	PA	16505				
Full Name of Contributor					Date (MM/DD/YYYY)				
SAMUEL COOPER					08/12/2017		100.00		
House #	Street Address		City	State	Zip Code	Date (MM/DD/YYYY)			
5725	HICKORY KNOLL CT		FAIRVIEW	PA	16415				
Full Name of Contributor					Date (MM/DD/YYYY)				
GRANT C. TRAVIS					08/09/2017		250.00		
House #	Street Address		City	State	Zip Code	Date (MM/DD/YYYY)			
102	LORNA LN		EDINBORO	PA	16412				
Full Name of Contributor					Date (MM/DD/YYYY)				
MICHAEL LAWSON					08/12/2017		100.00		
House #	Street Address		City	State	Zip Code	Date (MM/DD/YYYY)			
5404	BONDY DR		ERIE	PA	16509				

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Full Identification Number						
Full Name of Contributor					Date (MM/DD/YYYY)	\$
JAMES J. GLOBA					08/09/2017	90.00
House #	Street Address	City		State	Zip Code	
1217	SOUTHVIEW DR	ERIE		PA	16509	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
PAUL HERBST					08/10/2017	100.00
House #	Street Address	City		State	Zip Code	
3745	CHAPEL HILL DR	ERIE		PA	16506	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
KIRK REESE					08/10/2017	100.00
House #	Street Address	City		State	Zip Code	
1215	WINESAP DR	ERIE		PA	16509	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
MATTHEW KOKET					09/04/2017	100.00
House #	Street Address	City		State	Zip Code	
6022	TUSCANY LANE	FAIRVIEW		PA	16415	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
LINDA WILKINSON					10/04/2017	75.00
House #	Street Address	City		State	Zip Code	
412	INDIANA DR	ERIE		PA	16505	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
FRIENDS OF ROBERT YATES					10/06/2017	150.00
House #	Street Address	City		State	Zip Code	
1320	CHELSEA AVE	ERIE		PA	16505	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number						
Full Name of Contributor					Date (MM/DD/YYYY)	\$
LISA WATKINS					10/17/2017	150.00
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$
4028	SANDALWOOD DR		PA	16509		
City					Date (MM/DD/YYYY)	\$
ERIE						
PA						
16509						
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$
City					Date (MM/DD/YYYY)	\$
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$
City					Date (MM/DD/YYYY)	\$
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$
City					Date (MM/DD/YYYY)	\$
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$
City					Date (MM/DD/YYYY)	\$
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #	Street Address		State	Zip Code	Date (MM/DD/YYYY)	\$
City					Date (MM/DD/YYYY)	\$

Contributions Received From Political Committees

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	Ø
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
JOHN PELLEGRINO					07/06/2017		\$	1000.00
House #	Street Address		Date (MM/DD/YYYY)		\$			
5437	CHERRY ST. EXT				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
ERIE	PA	16509			\$			
Employer Name					Occupation			
RETIRED								
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
SANDRA L. BOCK					07/28/2017		\$	1,000.00
House #	Street Address		Date (MM/DD/YYYY)		\$			
5405	THOMAS RD				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
FAIRVIEW	PA	16415			\$			
Employer Name					Occupation			
BOCK INSURANCE AGENCY					INSURANCE AGENT			
Employer Mailing Address / Principal Place of Business					3915 CAUGHEY RD ERIE PA 16506			

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
DAVID CLARK					08/12/2017		\$	300.00
House #	Street Address		Date (MM/DD/YYYY)		\$			
7233	CRANE RD				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
EDINBORO	PA	16412			\$			
Employer Name					Occupation			
RETIRED								
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
DOUGLAS BLILEY					08/22/2017		\$	500.00
House #	Street Address		Date (MM/DD/YYYY)		\$			
6128	TOMART DR				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
ERIE	PA	16509			\$			
Employer Name					Occupation			
RETIRED								
Employer Mailing Address / Principal Place of Business								

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

File Identification Number	
----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$
PAUL T. NELSON					10/06/2017		750.00
House #	Street Address				Date [MM/DD/YYYY]		\$
6900	PINEGATE RD						
City	State		Zip Code		Date [MM/DD/YYYY]		\$
FAIRVIEW	PA		16415				
Employer Name					Occupation		
WALDAMEER PARK					PARK OWNER		
Employer Mailing Address / Principal Place of Business							
3100 W. LAKE RD ERIE PA 16505							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
GREGORY RUBINO					10/16/2017		500.00
House #	Street Address				Date [MM/DD/YYYY]		\$
520	ELIZABETH LANE						
City	State		Zip Code		Date [MM/DD/YYYY]		\$
ERIE	PA		16505				
Employer Name					Occupation		
PASSPORT REALTY LLC					REAL ESTATE		
Employer Mailing Address / Principal Place of Business							
240 W 11TH ST SUITE B-250 ERIE PA 16501							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
DANIEL PRISCHAK					10/21/2017		500.00
House #	Street Address				Date [MM/DD/YYYY]		\$
4261	GOLDEN RD						
City	State		Zip Code		Date [MM/DD/YYYY]		\$
MCKEAN	PA		16426				
Employer Name					Occupation		
ALASTER INDUSTRIES					OWNER		
Employer Mailing Address / Principal Place of Business							
2425 W 23RD ST ERIE PA 16506							
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
-----------------------------	--

Full Name	GLENWOOD BEER								
House #	2177	Street Address	W. GRANDVIEW BLVD						
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	08/12/2017	\$	60.00
Receipt Description	DEPOSIT (BEER) REFUND								

Full Name	GORDON FOOD SERVICE								
House #	6740	Street Address	PEACH ST						
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	08/12/2017	\$	30.00
Receipt Description	RETURN OF SUPPLIES								

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	Ø
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$
KIMKOPY PRINTING					06/14/2017		1,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
2040	W 8TH ST						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA	16505					
Employer Name					Occupation		
SAME							
Employer Mailing Address / Principal Place of Business					Description of Contribution		
					PRINTING		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number: _____

1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
--------------------------------	-----	----	---

2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
--------------------------------	-----	----	---

3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	1,000.00
--------------------------------	-----	----	----------

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	1,000.00
---	----	----------

SCHEDULE III
Statement of Expenditures

Election Identification Number	
--------------------------------	--

To Whom Paid	KIMKOPY PRINTING	Date (MM/DD/YYYY)	06/14/2017	\$ 2,702.45
House #	Street Address	Description of Expenditure		
2040	W 8TH ST			
City	State	Zip Code		
ERIE	PA	16505	PRINTING	
To Whom Paid	GORDON FOOD SERVICE	Date (MM/DD/YYYY)	07/03/2017	\$ 111.77
House #	Street Address	Description of Expenditure		
6740	PEACH ST			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	
To Whom Paid	DUCE TWO	Date (MM/DD/YYYY)	07/03/2017	\$ 186.00
House #	Street Address	Description of Expenditure		
1150	W 26TH ST			
City	State	Zip Code		
ERIE	PA	16508	ADVERTISING	
To Whom Paid	MCDOWELL FOOTBALL BOOSTERS	Date (MM/DD/YYYY)	07/03/2017	\$ 200.00
House #	Street Address	Description of Expenditure		
3580	W 38TH ST			
City	State	Zip Code		
ERIE	PA	16506	ADVERTISING	
To Whom Paid	KIMKOPY PRINTING	Date (MM/DD/YYYY)	07/20/2017	\$ 62.54
House #	Street Address	Description of Expenditure		
2040	W 8TH ST			
City	State	Zip Code		
ERIE	PA	16505	PRINTING	
To Whom Paid	U.S. POST OFFICE	Date (MM/DD/YYYY)	08/03/2017	\$ 98.00
House #	Street Address	Description of Expenditure		
3711	POPLAR ST			
City	State	Zip Code		
ERIE	PA	16508	POSTAGE	
To Whom Paid	MYAA	Date (MM/DD/YYYY)	08/12/2017	\$ 150.00
House #	Street Address	Description of Expenditure		
2614	COLONIAL AVE			
City	State	Zip Code		
ERIE	PA	16506	ADVERTISING	
To Whom Paid	GORDON FOOD SERVICE	Date (MM/DD/YYYY)	08/07/2017	\$ 112.65
House #	Street Address	Description of Expenditure		
6740	PEACH ST			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	

SCHEDULE III
Statement of Expenditures

Organization Number	
---------------------	--

To Whom Paid	GORDON FOOD SERVICE	Date (MM/DD/YYYY)	\$	25.74
House #	Street Address	Description of Expenditure		
6740	PEACH ST			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	
To Whom Paid	WEGMAN'S	Date (MM/DD/YYYY)	\$	85.57
House #	Street Address	Description of Expenditure		
6143	PEACH ST			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	
To Whom Paid	SCHWEBEL'S	Date (MM/DD/YYYY)	\$	56.62
House #	Street Address	Description of Expenditure		
8275	PERRY HWY			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	
To Whom Paid	SMITH PROVISIONS	Date (MM/DD/YYYY)	\$	109.80
House #	Street Address	Description of Expenditure		
1300	CANBERRY ST			
City	State	Zip Code		
ERIE	PA	16501	FUND RAISER SUPPLIES	
To Whom Paid	EMBROIDERY SHOPPE	Date (MM/DD/YYYY)	\$	16.00
House #	Street Address	Description of Expenditure		
3018	CHERRY ST			
City	State	Zip Code		
ERIE	PA	16508	ADVERTISING	
To Whom Paid	WEGMAN'S	Date (MM/DD/YYYY)	\$	38.25
House #	Street Address	Description of Expenditure		
6143	PEACH ST			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	
To Whom Paid	GLENWOOD BEER	Date (MM/DD/YYYY)	\$	297.44
House #	Street Address	Description of Expenditure		
2177	W. GRANDVIEW BLVD			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	
To Whom Paid	WEGMAN'S	Date (MM/DD/YYYY)	\$	35.33
House #	Street Address	Description of Expenditure		
6143	PEACH ST			
City	State	Zip Code		
ERIE	PA	16509	FUND RAISER SUPPLIES	

SCHEDULE III
Statement of Expenditures

FEDERAL ELECTION NUMBER									
To Whom Paid	ART'S BAKERY				Date (MM/DD/YYYY)	08/12/2017	\$	79.80	
House #	4380	Street Address	W. RIDGE RD		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16506	FUND RAISER SUPPLIES			
To Whom Paid	TERESA'S				Date (MM/DD/YYYY)	08/12/2017	\$	499.80	
House #	5360	Street Address	W. LAKE RD		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16505	FUND RAISER SUPPLIES			
To Whom Paid	DESANTIS SIGNS				Date (MM/DD/YYYY)	08/25/2017	\$	212.00	
House #	540	Street Address	W 18TH ST		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16502	ADVERTISING			
To Whom Paid	MCDOWELL ACQUATICS				Date (MM/DD/YYYY)	08/25/2017	\$	50.00	
House #	3580	Street Address	W 38TH ST		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16506	ADVERTISING			
To Whom Paid	KIM KOPY				Date (MM/DD/YYYY)	08/30/2017	\$	655.08	
House #	2040	Street Address	W 8TH ST		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16505	ADVERTISING			
To Whom Paid	MARQUETTE SAVINGS BANK				Date (MM/DD/YYYY)	09/08/2017	\$	16.21	
House #	3801	Street Address	STERRETTANIA RD		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16506	CHECKS			
To Whom Paid	JIM BOCK (REIMBURSEMENT) (DUCE TWO)				Date (MM/DD/YYYY)	09/15/2017	\$	107.00	
House #	1000	Street Address	MARIANNA AVE		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16509	ADVERTISING			
To Whom Paid	JIM BOCK (REIMBURSE) (ULINE)				Date (MM/DD/YYYY)	10/01/2017	\$	67.67	
House #	1000	Street Address	MARIANNA AVE		Description of Expenditure				
City	ERIE	State	PA	Zip Code	16509	PLASTIC BAGS			

SCHEDULE III
Statement of Expenditures

Filer Identification Number					
To Whom Paid		JIM BOCK (REIMBURSE) F.O.P. BASKET		Date (MM/DD/YYYY)	\$ 97.66
House #	1000	Street Address	MARIANNA AVE	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16509 F.O.P. RAFFLE
To Whom Paid		GORDON FOOD SERVICE		Date (MM/DD/YYYY)	\$ 59.43
House #	6740	Street Address	PEACH ST	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16509 CANDY
To Whom Paid		ERIE TIMES NEWS		Date (MM/DD/YYYY)	\$ 500.00
House #	205	Street Address	W 12TH ST	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16501 ADVERTISING
To Whom Paid		DE SANTIS SIGNS		Date (MM/DD/YYYY)	\$ 420.82
House #	540	Street Address	W 18TH ST	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16502 ADVERTISING
To Whom Paid		JIM BOCK (REIMBURSEMENT) BENEFIT BASKET		Date (MM/DD/YYYY)	\$ 108.11
House #	1000	Street Address	MARIANNA AVE	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16502 RAFFLE BASKET
To Whom Paid		COMMITTEE TO ELECT JIM BOCK		Date (MM/DD/YYYY)	\$ 2,000
House #	1000	Street Address	MARIANNA AVE	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16509 LOAN TO COMMITTEE
To Whom Paid				Date (MM/DD/YYYY)	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date (MM/DD/YYYY)	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
------------------------------	--

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address	N/A		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							